



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

								FILE NUM	PEN S
IS THIS AN AMENDMEN	T? ☐ Yes	□ No If Yes	s, please (enter the file	e numbe	r in this bo	x. →	46-20	7-39
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State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER
46-20-39
TOTAL PAGES IN ENTIRE CFA-4 REPORT

CLERK OF LA PORTE CIRCUIT COURT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	TV TO BE THE STATE OF THE STATE		,
Acronym or Abbreviated Name (if any)	A CAN LANDON CONTRACTOR	tee Telephone Nun	1
4. Mailing Address (Address where all campaign finance correspondence is received.)		1.440-	+ 3 47
2695 WPS+ Jolist Road	Check if this i	s a new address.	9_
5. City, State, ZIP Code Les Porte FN 46350		filiation (if applicable	
CANDIDATE INFORMATION (For Candidate's C	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON	epublicas	
7. Full Name of Candidate (Include any nickname.) TOSEPH HANEY	8. Party Aff	filiation or If Indepe	ndent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		of Residence	4 2
TYPE OF REPORT		CONVEN	TION CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check on	e: Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Organiza	tion.) Dost-	Convention
2. Reporting Period (mm/dd/yy): From: 0		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		×	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			× ×
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		. 8	
15b. Unitemized			
15c. Add lines 15a and 15b in both columns.	OTAL	8	2 . Q
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL	× Q	8
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	,		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b. Uniternized			
10.7136 11.00 11.0 11.0 11.0 11.0 11.0 11.0 11	TOTAL	χ.	
8. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	8	
19. Debts OWED BY the committee (Use Schedule D.)		8	
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION			FOR OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO			FIT
Signature of Treasurer Title	Ċ	(mm/dd/yy) 05/14/20	IN CLERKS OFFICE
jnature of Candidate (# applicable)	05	(mm/dd/yy)	May.
VARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (also a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4)	report as requi	ired by the Indiana	MAY 1 4 2020



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) **Summary Sheet**

FILE NUMBER 410-20-39 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

CLERK OF LA PORTE CIRCUIT COURT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	v name.			
2. Acronym or Abbreviated Name (if any)	3. Comm	ittee Tele	phone Numbe	ır
	1219	7).4	140-0	1547
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this	is a new	address.	61
5. City, State, ZIP Code Caporte FN 46350	6. Party		(if applicable)	a 8
CANDIDATE INFORMATION (For Candidate's (Committee			
7. Full Name of Candidate (Include any nickname.) TOSEDA HANEY	8. Party A	Affiliation of	or If Independent	ent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Count	ty of Resid		· ·
TYPE OF REPORT .			CONVENTIO	ON CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	stement of Organia	zation.)	Post-Co	nvention
2. Reporting Period (mm/dd/yy):		COL	UMN A	COLUMN B
From: 01/01/20 . Through: 04/10/20		This	Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		, ,	N N	
14. Cash on hand and investments January 1, current year.	. 1			8
. CONTRIBUTIONS AND RECEIPTS	Carried Street			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)			8	. 8
15b. Unitermized 15c. Add lines 15a and 15b in both columns. SUB1	TOTAL		Q	. Q
44 - 14			1 82	
	TOTAL	to Dalvit ag		. &
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.0		
17b. Unitermized	TOTAL		0	× 1
Tro. Flad lines 17 d did 17 b lin bod colonilies.				<u> </u>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		8	X .
19. Debts OWED BY the committee (Use Schedule D.)			8	
20. Debts OWED TO the committee (Use Schedule E.)				
CERTIFICATION			F	OR OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE, CORREC	T AND CON	PLETE.	ILED
Signature of Treasurer Title		(mm/dd/)	y) (V	CLERKS OFFICE
gnature of Candidate (# applicable)	U	(mm/dd/) 5 1 1	100	AY 1 4 2020
MARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (iles a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misderneanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4)	te report as rec	ruired by th	e Indiana	Konpagehistack



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes N

(CFA-4) Summary Sheet

FILE NUMBER

4620-39

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Veryal History

COMMITTEE INFORMATI	ON		ANT THE RESERVE
Full Name of Committee (as on Statement of Organization) Check if this is a			
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2. Acronym or Abbreviated Name (if any)	3. Co	ommittee Telephone Num	ber
	(9	19,440-	75 7 /
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check in	f this is a new address.	600
5. City, State, ZIP Code	6. Pa	arty Affiliation (if applicable	
LaParte IN 46350		Republican	
CANDIDATE INFORMATION (For Candidate			THE REAL PROPERTY.
7. Full Name of Candidate (Include any nickname.)	8. Pa	rty Affiliation or If Indeper	17 HOTE 13
JOSEPH HANEY	10.0	Republica	71
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. 0	county of Residence	
TYPE OF REPORT	A STATE OF THE PARTY OF THE PAR		TION CANDIDATES ONLY
11. Check one:		Check one	
Pre-Primary Pre-Election Annual Nomination Other		a section of	onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be *0*.) Outgoing Treasurer (Within ten (10) days amen	nd Statement of C	Organization.) Post-0	Convention
2. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
-10^{-4}		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	48	8	
14. Cash on hand and investments January 1, current year.	34%		R
CONTRIBUTIONS AND RECEIPTS			THE REAL PROPERTY.
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		国际主义生活。	
15a. Itemized (Use Schedule A.)		1,450,0	0 1,450,00
15b. Unitemized		200.0	0 200.00
15c. Add lines 15a and 15b in both columns.	UBTOTAL	1,650,00	1,650.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	\$ 1,150,00	\$1,650.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		\$ 756.00	\$956.00
17b. Uniternized		X	× ×
17c. Add lines 17a and 17b in both columns.	UBTOTAL	\$ 956,00	\$ 956.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\$694.00	9694.00
19. Debts OWED BY the committee (Use Schedule D.)		8	
20. Debts OWED TO the committee (Use Schedule E.)		18	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			FOR OFFICE USE ONLY
CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION	IS TRUE COR	RECT AND COMPLETE	CLERKS OFFICE
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT Signature of Treasurer Title	10 1100,000	Date (mm/dd/yy)	
Signature of Treasurer Title		10/15/20	OCT 1 5 0000
Signature of Candidate (If applicable)	1	Date (mm/dd/yy)	OCT 15 2020
51 E	1		- 1

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly

files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
al a	i ji			
Page	2	of	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OK OTHER REGENT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1 mitch Feikis	Contributions:	A. S.		9/02/20
217 Whispering Blud	☐ In-Kind (describe)	by 00.00.	\$200,00	1100-100
Caporte, IN 4 6350	Other Receipts:		a.	-11
Laporte Gobran	Miscellaneous (specify)		5	TH
Contributor's Occupation (if required)	Contributions:			-1:1
Tim StubosZ	Direct In-Kind (describe)	in the second	<i>t</i>	9/2/20
1501 mirhigan Are		500.00	\$500.00	
LaParteIIN M1350	Other Receipts:	700.00		
	Miscellaneous (specify)	*	18	TH
Contributor's Occupation (if required)		¥ ,		
	Contributions:	N 6	e sy	alah
ED mueller	Direct In-Kind (describe)	<i>t</i>	- (916/20
La Porte I IN UB350		950.00	\$500.00	·
La Porte 17 18750	Other Receipts:		_ 4	
a 1	Miscellaneous (specify)			TH
Contributor's Occupation (If required) Retived m.D.		11 121	8.	0 30_0.80
4. Rich Gramarossa	Contributions:			10/9/20
RYYY NSOOE	In-Kind (describe)	\$250.00	\$150,00	11770
Rolling Prairie IN 41371	Other Receipts:			+):
	Interest Loan	5 E		TH
Property byorn t	Miscellaneous (specify)	51	**	
Contributor's Occupation (if required) Profery invosomet	Contributions:			8,
5.	Direct			
0.0	n-Kind (describe)			
4	Other Receipts:		-	
*	Interest Loan		357 - 22	
9 · · · · · · · · · · · · · · · · · · ·	Miscellaneous (specify)	2		
Contributor's Occupation (if required)		1.1.5		
	HIS PAGE OF SCHEDULE A	\$ 1,450,00		, P
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 1, 4 50,00		



State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUM	IBER .	
a 3	· · · · · · · · · · · · · · · · · · ·		
	120 0		
	7	21	9
Page	of	1	2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Code Rich GramacossA 8444 N. 500 E Rolling Prails (IN4637)	Property Phrostomat	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$706.00	\$76,00	10/9/20
Code Rich Gramurossa 8 444 M. SODE Rolling Prawp, FW46371	PIOPITY Forenshort	☐ Direct ☐ In-Kind ☐ Payment of Debt	\$ 50.00	4250,00	10/9/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		-2	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			a a 2
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		* <u>*</u> ;	
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
	SUBTOTAL THIS PAGE	OF SCHEDULE B	\$ \$ 956,00		
TOTAL OF ALL PAG	SES OF SCHEDULE B ON THE	LAST PAGE ONLY	90506 40		
IOTAL OF ALL PAG	(Extent total on ITEM 17a of the	Summany Sheet	\$ 750,00		1



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in mpleting this form, see instructions on the reverse side.

FILE NUMBER
4/-20-39
TOTAL PAGES IN ENTIRE CFA-11 REPORT
/

IS THIS AN AMENDMENT? Yes	No			/	
		TTEE INFORMATI		A	
Full Name of Candidate (Include any nickname.)	☐ Check if this is a new n		Telephone No		
Friends of Joe		(019)	990	-2547	
3. Mailing Address (Address where all campaign fin		received.)	if this is a new	address.	
4. City Lu Po/H	State ZIP Co	ode (350		iation or If Independent Candida PV & L'CM	te
6. Office Sought (Include district number, if any. No			7. County of		
LiPolte County Commissi			6	u Parte	
8. Reporting Period (mm/dd/yý): From: 10 - 10 - 20		17-70			
For classification, enter INDV for individual; PAC for political ad	ction committee: CORP for corp	poration; LAB for labor orga	anization; OTHER	R for all entries which are not one of the	above categories.
CONTRIBUTOR'S FULL NAME AND O FULL MAILING ADDRESS (street, number, city, state, ZIP	code)	TYPE OF CONTR OR OTHER RE		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Classification 1. Tim Oty J. 1 1501 m. A La Porte II	Ne	Contributions: Direct Ch-Kind (describe)		\$ 703.50	10/19/20
Caportelt	V VI ())) ()	Other Receipts: Interest Loan Miscellaneous (sp			Je
Contributor's Occupation (if applicable)	Ineator	Wiscellaneous (sp	—		
Classification 2. Timothy J. 9. 1501 M. PV (aPADa FN		Contributions: Direct Minkind (describe) Advistural Other Receipts:	<u>*</u>	\$ 378	10/20/20
Contributor's Occupation (if applicable)	haviter	☐ Interest ☐ Loan ☐ Miscellaneous (sp			
Classification 3. Timostry Tist 1501 michish Colore Tr	1682 A-C 10350	Contributions: Direct In Kind (describe)	-	\$ 330	10/41/20
Rist		Other Receipts: Interest Loan Miscellaneous (sp.		-	
Contributor's Occupation (if applicable)		:			
I CERTIFY THAT I HAVE EXAMINED THIS STA	CERTIFICATION	ST OF MY KNOW!	DGE AND DI	ALCOHOL: A CONTRACT OF THE PARTY OF THE PART	FICE USE ONLY
TRUE, CORRECT AND COMPLETE.	TEMENT, TO THE BE	OI OF WIT KNOWLE	DOL AND BI	T T T	E D
Signature of Treasurer	Title		Date (mm/dd/y	" INTO LEDING (
	Trance	1	10/2	1/00	
ature of Candidate (if applicable)	1		Date (mm/dd/y	"Variation of the contract of	
			10/21,	120 OCT 22	2020
Warning: Any information contained in this report may person who knowingly files a fraudulent report commits				ete or accurate	
report as required by the Indiana Campaign Finance Lar penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)					Action COURT



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report.

Please type or print legibly IN BLACK INK all information on this form. For assistance in mpleting this form, see instructions on the reverse side.

FILE NUMBER

410-20-39

TOTAL PAGES IN ENTIRE CFA-11

REPORT

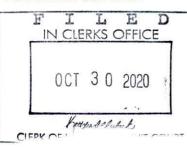
IS THIS AN AMENDMENT? ☐ Yes 🏋 No			
COMMIT	TEE INFORMATION		
1. Full Name of Candidate (Include any nickname.) Check if this is a new name.			
Friends of Tol	(219,496	5-2547	
3. Mailing Address (Address where all campaign finance correspondence is re	ceived.) Check if this is a	new address.	
2695 W. Joliet Road			
4. City / State ZIP Coo	de 5. Party	Affiliation or If Independen	t Candidate
Laborne IN ME	5350	Republica	u
6. Office Sought (Include district number, if any. Not required for exploratory c		ty of Residence	
Laborte routs Commissioner, a	1,541,63	Laborte	
8. Reporting Period (mm/dd/yy):	30-2070		
From: 10 6-7 8000 milough.	75 0 stand at the 15 ms 75		
For classification, enter INDV for individual; PAC for political action committee: CORP for corpo	oration; LAB for labor organization; O	THER for all entries which are no	
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN	
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT ()F
Classification 1. + Mathy (+ 1)	Contributions:		** ! ~!
11/15/01/1 32 01/07 2	☐ Direct	,	10/28/20
1501 M. Ave	In-Kind (describe)	\$1,750.	
LaParce FN 46350	Rudio Ada	11/1/20,	00
	Other Receipts:		
	☐ Interest ☐ Loan		
2 -	☐ Miscellaneous (specify)		
Contributor's Occupation (if applicable)			
Classification 2.	Contributions:		
	Direct		
	☐ In-Kind (describe)		
	Other Receipts:		
	☐ Interest ☐ Loan		
	☐ Miscellaneous (specify)		
Contributor's Occupation (if applicable)			
Classification 3.	Contributions:		
	☐ Direct		
	☐ In-Kind (describe)		
	Other Receipts:		
	☐ Interest ☐ Loan		
	☐ Miscellaneous (specify)		
Contributor's Occupation (if applicable)	-		
CERTIFICATION			OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES' TRUE. CORRECT AND COMPLETE.	T OF MY KNOWLEDGE AN	D BELIEF IT IS	FILED
Signature of Treasurer Title	Date (mm	n/dd/yy)	IN CLERKS OFFICE
16046 A	M 101	30/4020	

Date (mm/dd/yy)

10130/2000

Warning: Any information centained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

vature of Candidate (if applicable)





State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Signature of Candidate (if applicable)

☐ Yes ☑ No

(CFA-4) Summary Sheet

FILE NUMBER

46-20-39

TOTAL PAGES IN ENTIRE CFA-4 REPORT

		E I O VENE		28 49 1 2 10 1 W 10 2 1 3 1		
COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization) Check if this is a new r				* .		
2. Acronym or Abbreviated Name (if any)	phone Numb	7547				
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this	is a new	address.	⁶ 21		
5. City, State, ZIP Code (a P of He FN 48350			if applicable)		
CANDIDATE INFORMATION (For Candidate's C	ommittees	s Only)	with the second	企业和数		
7. Full Name of Candidate (Include any nickname.) To SCPA HAN EY			or If Independent	dent Candidate		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County	y of Resid	/ -			
TYPE OF REPORT	17		CONVENT	TON CANDIDATES ONLY		
11. Check one:		9	Check one			
Pre-Primary Pre-Election Annual Nomination Other			- Charles sen	onvention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Organiz	ration.)	☐ Post-C	Convention		
Reporting Period (mm/dd/yy):		-	UMN A	COLUMN B		
From: $10-10-20$ Through: $12-31-20$			Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		69	4.00	全型型型		
14. Cash on hand and investments January 1, current year.				D		
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as each contributions.)				The State of the S		
15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBTO	1.3	3,311		94,761,50		
15b. Unitemized			50,00	30.00		
15c. Add lines 15a and 15b in both columns.		3,361		14,961,50		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1,050	5.50	15,911.50		
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments,	, 1					
17a. Itemized (Use Schedule B.) (Public Question: use schedule 3) ORTE Characteristics	1.0	3173	13,12	4,189,12		
17b. Uniternized		2.50				
17c. Add lines 17a and 17b in both columns.	TOTAL 3	3173	3,12	4,189,12		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	82	1.38	822,38		
19. Debts OWED BY the committee (Use Schedule D.)			0			
20. Debts OWED TO the committee (Use Schedule E.)			R			
			THE REAL PROPERTY.	FOR OFFICE USE ONLY		
CERTIFICATION CERTIFICATION TO THE PERT OF MY PAIGHT FOR AND RELIEF IT IS THE	OTIE CORRECT	T AND COL	MPI ETE	TOR OFFICE USE UNLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	Date	(mm/dd/	(vv)	8		
Signature of Treasurer	1-	- 19-	116			

Date (mm/dd/yy)

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

	(CF/	4-4 SCI	HEDU	LE A-	1)
CO	NTRIB	UTIONS	BYI	NDIVI	DUALS
temi	zed Co	ntributio	ns and	Other	Receipt

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
3 8	· · · ·	
Page	+ of <u>}</u>	

				DATE RECEIVED
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	(mm/dd/yy)
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY .
(street, number, city, state, ZIP code)	Contributions:	1		ans
1. JAMES R. PLESSEL, JR	Direct			12 11 -10
1771 N. Lotaleen Pd	In-Kind (describe)	\$100 m	\$150.00	10-40-40
Rolling Pairie FN 46371		71 > 0,00		
	Other Receipts:			DO I
*	Interest Loan	*		20
0 111	Miscellaneous (specify)	9 * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	E .
Contributor's Occupation (If required) & Iden	1 12			8
2 The above T Stations	Contributions:		-	3
2 Tino my J. Sta 6032	☐ Direct ☐ In-Kind (describe)		1 22	10-11-20
15.01	Al Pulchae	\$703.50	81,103,50	10-11-00
CAPITE IN V 6350	Other Receipts:	1	1001.0	
,,,,	☐ Interest ☐ Loan			
2	Miscellaneous (specify)	ner	30 20	00
Contributor's Occupation (if required) Private 1509/v		9		
Contributor's Occupation (# 79QUIF90)	Contributions:			a =
1 Timoty T. STaBOSZ	Direct	1		* * * * * * * * * * * * * * * * * * * *
1501 m. AVD	In-Kind (describe)	38.00	\$15 81.50	10-20-20
LA POVER, IN MESSO	, , , , , , , , , , , , , , , , , , ,	, , , , ,	1,70	
LAFOVE, TWO 1000	Other Receipts:			W 18
	Miscellaneous (specify)	-	2.0	.7
Remote days	NAME OF THE PARTY	=	э.	HO.
Contributor's Occupation (If required) Pr. Marte Massing	Contributions:			11
1 Timoty T. St. 605Z	Direct	d	1 111 6	100 11 10
	n-Kind (describe)	330,00	\$1,911.50	10-11-01
1501 m; pre	Ad Willhord	7 - 0 10 0	,	×
Capone IN 46350	Other Receipts:	1 ×		
N	Interest Loan	ā .		1
	Miscellaneous (specify)		140 h	10
Contributor's Occupation (if required)				
	Contributions:		,	10-20-12
(a) par And	☐ Direct ☐ In-Kind (describe)	\$1.760 00	97 6616	100000
5. Timoty J. Stulos Z 1501 m; Are 1 Nate, in 41340	Ad Pristure	\$1,750.00	1,001,50	
1 Nate 11 4 1350	Other Receipts:			
	☐ Interest ☐ Loan		9 9	12-
	Miscellaneous (specify)			1
Contributor's Occupation (if required) IV, WHI IN PSEUL			4 76 5	
Contributor's Occupation (in required)	HIS PAGE OF SCHEDULE A	\$ 3,311.50		2 .
TOTAL OF ALL PAGES OF SCHEDULE A		\$3,311.50		
(Enter total on ITEM	15a of the Summary Sheet.)	* 11711150		



State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER	
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1.0	. 2)	15
Page		_

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
Street, number, only state, in soul	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Horizon BANK	Banking Services	Direct In-Kind Payment of Debt Returned Contribution Other	1,00	1,00	10-14-20
Caprite, FN	MIA	Purpose: (LIK Fel			
Code NOITH FACE	clothing	Direct In-Kind Payment of Debt Returned Contribution		70,62	10-1520
pirkion riby, IN	NA	Purpose: ABPATEL FOR BODILED		5 2	1 = 1
Code WCOE	Radio Statulon	Direct In-Kind Payment of Debt Returned Contribution	703.50	703.50	10-19-0
Capone IN		Purpose: RANGO			- II
Code	Radio Statien	Direct Dh-Kind Payment of Debt Returned Contribution Other	378-	778 -	10-202
calone in	A	Purpose: Radio Ap		7.	
Code	Ralio Status	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	330-	330 -	10-21=
michigarity IIN		Purpose: Radio			
Code Timony T. Stakes 2 1501 mi And Lupuro Inylyssi	ROVIO ADS	Direct Gr-Kind Payment of Debt Returned Contribution Other Purpose:	1,750-	1750 -	10-28-20
Code	1N 19 SOC.]	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other			
CUE	LUANU CHUMA COURT	Purpose:	1		
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$3,233.12		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)					